

Dial-A-Lift is a transportation alternative for elderly persons (60 & older) residing within the city limits of High Point.

1. This certification form must be completed entirely and correctly and returned to the Dial-A-Lift office. Please print and write legibly. **Any forms that are not filled out correctly and completely will be returned to the sender to be completed.**
2. Be sure to sign and date the form. Also send a **copy** of some type of documentation (Birth Certificate, ID, Driver's License, etc.) that shows a birth date. **Please do not send us original documentation, only send a copy.**
3. Dial-A-Lift has a cost of \$2.00 per trip. All trips must be scheduled at least one day in advance. Same day, same day trip changes or emergency trips are not allowed.

After Dial-A-Lift has received your application, you will be contacted by mail within 21 business days to let you know if you are approved. You will be notified by mail if you are approved or not.

Please call 336-887-1183 if you have any questions.



**DIAL-A-LIFT  
CERTIFICATION FORM**  
**716 W. KIVETT DRIVE \* HIGH POINT, NORTH CAROLINA 27262**  
**887-1183, FAX 883-3425 OR TDD#883-8517**  
**THIS PRINTED MATERIAL WILL BE PROVIDED IN AN  
ALTERNATIVE FORM UPON REQUEST.**

**Please read the attached instructions before completing this form. ALL questions must be answered & incomplete applications will be returned. Please print & write legibly.**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ Apt. \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

PHONE (AREA CODE) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX \_\_\_\_\_

EMERGENCY CONTACT NAME & RELATIONSHIP \_\_\_\_\_

EMERGENCY CONTACT PHONE (AREA CODE) \_\_\_\_\_

**1. ELDERLY CERTIFICATION- (AGE 60 & OVER): THE PERSON REQUESTING THE SERVICE  
MUST PROVIDE A COPY OF ANY DOCUMENT THAT VERIFIES HIS/HER BIRTHDATE. PLEASE  
DO NOT SEND ORIGINALS. ONLY SEND A COPY.**

A. HAS THERE BEEN AN EXPOSURE TO HEPATITIS "A"? YES \_\_\_\_\_ NO \_\_\_\_\_

HEPATITIS "B"? YES \_\_\_\_\_ NO \_\_\_\_\_ "HIV" YES \_\_\_\_\_ NO \_\_\_\_\_

B. DOES HE/SHE REQUIRE A WHEELCHAIR? YES \_\_\_\_\_ NO \_\_\_\_\_ WHEELCHAIR SIZE \_\_\_\_\_ (L) X \_\_\_\_\_ (W)  
WHEELCHAIR WEIGHT \_\_\_\_\_ LBS  
WHEN NO RAMP IS AVAILABLE, A **PRIVATE ESCORT MUST ASSIST.**

C. WHAT MOBILITY AIDES/EQUIPMENT ARE USED? (EX. CANE, WALKER, OXYGEN, ETC) \_\_\_\_\_

D. WILL HE/SHE NEED TO TRAVEL WITH A PRIVATE ESCORT? YES \_\_\_\_\_ NO \_\_\_\_\_ SOMETIMES \_\_\_\_\_  
**IF YES, THE ESCORT MUST TRAVEL ON ALL TRIPS.** ONE ESCORT MAY RIDE AT NO CHARGE.

E. WHAT OTHER SPECIAL ASSISTANCE IS NEEDED? \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION, WHICH I HAVE PROVIDED, IS TRUE AND CORRECT. I UNDERSTAND THAT IF THIS APPLICATION IS APPROVED, I MUST ABIDE BY THE RULES AND REGULATIONS SET FORTH BY THE DIAL-A-LIFT SERVICE.

\_\_\_\_\_  
SIGNATURE OF PERSON REQUESTING SERVICE OR PARENT/GUARDIAN IF LESS THAN 18 YEARS OF AGE  
DATE \_\_\_\_\_

**FOR DIAL-A-LIFT USE ONLY**

APPROVED: \_\_\_\_\_ YES \_\_\_\_\_ NO

ISSUED BY \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_ FILE NUMBER \_\_\_\_\_